PRINTED: 11/08/2017 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ENTIFICATION NUMBER.		PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
	445262 B, WING		/ING		C 10/26/2017			
	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE 43 ASHLAND CITY HWY	1 10	1	
COMBER	RLAND HEALTH CAR	RE AND REHABILITATION INC		N/	ASHVILLE, TN 37218			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMEN	TS	FC	000				
F 333 SS=E	10/26/17 at Cumber Rehabilitation. Con #42741 were invest were cited in relation CFR PART 483, Ref Care Facilities. 483.45(f)(2) RESID	D ERRORS	F3	333				
	The facility must er	nsure that its-						
	medication errors. This REQUIREME by: Based on facility p review, Administrat interview, the facilit medications were a manner for 4 reside	e free of any significant NT is not met as evidenced olicy review, medical record tion History review, and ty failed to ensure significant administered in a timely ents (#2, #4, #7, #8) of 8 for medication administration.						
	The findings includ	ed:						
	and accurate drug proficiency with adrassessment skills, drugsMedications 60 minutes earlier of administration 30 minutes before	olicy, Medication ised 9/5/13, revealed "Safe administration requires ministration techniques, and knowledge of the should not be administered or later than the scheduled onBefore meals means 15 re a meal is servedWith cations are given during a						
ABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE	

TITLE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		445262	B. WING		ı	26/2017	
NAME OF F	PROVIDER OR SUPPLIER	443202	B. Wille	S	TREET ADDRESS, CITY, STATE, ZIP CODE	10/2	20/2017
CUMBER	RLAND HEALTH CARI	E AND REHABILITATION INC			343 ASHLAND CITY HWY IASHVILLE, TN 37218		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	eatenRoutine meroccur in the dining immediately chart the Medication Administic giving meds to another Medical record revisadmitted to the facilincluding Hypertens Pulmonary Disease Diabetes Mellitus, a Disease. Medical record revisable test Mellitus, a Disease. Medical record revisated at the Medical record revisated 8/9/17 reseverely impaired of the Admin Medications adminitoly 10/01/17 - 10/25/17 Humalog (insulin) so due at 7:30 AM and given 7:30 AM and given 7:30 AM and given 5:30 PM and given 5:30 PM and given 7:30 AM and given 5:30 PM and given 7:30 AM and given 7:30 AM and given 5:30 PM and given 7:30 AM and given 7:30 PM and given 9:00 PM and given	nutes after a meal is d administration should not roomThe nurse must he med given on the electronic tration Record (eMAR) before ther patient" ew revealed Resident #2 was lity on 8/8/17 with diagnoses sion, Chronic Obstructive e, Dementia, Seizures, and Gastroesophageal Reflux ew of the Entry Minimum Data vealed Resident #2 was rognitively. nistration History revealed stered to Resident #2 from included: liding scale insulin: 10/3/17 due at at 1:20 AM; 10/10/17 due at at 1:20 AM; 10/11/17 due at at 1:243 AM; 10/14/17 due at at 1:42 PM; 10/14/17 due at at 10:42 PM; 10/14/17 due at at 10:42 PM; 10/16/17 due at at 10:15 PM; 10/21/17 due at at 1:37 PM; 10/21/17 due at at 1:37 PM; 10/21/17 due at at 1:50 PM; 10/21/17 due at at 11:50 PM; 10/21/17 due at at 11:50 PM; 10/22/17 due at at 1	F	3333			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	(X3) DATE SURVEY COMPLETED			
		445262	B. WING		1	26/2017
	PROVIDER OR SUPPLIE	RE AND REHABILITATION INC	43	TREET ADDRESS, CITY, STATE, ZIP CODE 343 ASHLAND CITY HWY ASHVILLE, TN 37218		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	10/04/17 due at 5 10/10/17 due at 5 10/11/17 due at 5 10/11/17 due at 5 10/11/17 due at 5 10/18/17 due at 5 10/20/17 due at 5 10/20/17 due at 5 10/21/17 due at 5 10/22/17 due at 5 10/23/17 with di Hypertension, Dia Heart Failure, Deschizoaffective D Medical record re MDS dated 9/17/15 on the Brief Intindicating she was make her needs k Review of the Adr medications admit 10/1/17 - 10/25/17 Amlodipine 10 mg 8:00 AM and give 4:00 PM and give 4:00 PM and give 8:00 AM and give	eizures) 500 mg twice daily: :00 PM and given at 10:52 PM; :00 PM and given at 8:26 PM; :00 PM and given at 12:43 AM; :00 PM and given at 10:42 PM; :00 PM and given at 9:37 PM; :00 PM and given at 9:04 PM; :00 PM and given at 10:15 PM; :00 PM and given at 11:50 PM; :00 PM and given at 12:15 AM. view revealed Resident #4 was cility on 4/28/14 and readmitted agnoses including betes Mellitus, Congestive p Vein Thrombosis, isorder, and Alzheimers. view of the ?Significant Change 17 revealed Resident #4 scored terview for Mental Status, a alert, oriented, and able to known.	F 333			

PRINTED: 11/08/2017 FORM APPROVED OMB NO. 0938-0391

	ND DIAM OF CORDECTION		TIPLE CONSTRUCTION ING	COM	E SURVEY PLETED	
		445262	B, WING			26/2017
	PROVIDER OR SUPPLIER	E AND REHABILITATION INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4343 ASHLAND CITY HWY NASHVILLE, TN 37218		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	AT A A A SEEEDENIALD TO THE ADDROD) BE	(X5) COMPLETION DATE
F 333	8:00 AM and given 4:00 PM and given 8:00 AM and given 8:00 AM and given 8:00 AM and given 8:00 AM and given 9:00 PM and given 9:00 PM and given 9:00 PM and given 8:00 AM and given 4:00 PM and given 8:00 AM and given 4:00 PM and given 8:00 AM and given 4:00 PM and	at 10:52 AM; 10/11/17 due at at 10:19 PM; 10/12/17 due at at 10:21 AM; 10/12/17 due at at 7:37 PM; 10/13/17 due at at 11:43 AM; 10/14/17 due at at 11:20 AM; 10/14/17 due at at 11:20 AM; 10/16/17 due at at 11:14 PM; 10/17/17 due at at 10:44 AM; 10/17/17 due at at 10:44 AM; 10/19/17 due at at 9:40 PM; 10/19/17 due at at 7:03 PM; 10/21/17 due at at 7:03 PM; 10/21/17 due at at 10:24 AM; 10/21/17 due at at 10:24 AM; 10/21/17 due at at 11:25 AM; 10/22/17 due at at 11:25 AM; 10/23/17 due at at 11:08 PM; 10/23/17 due at at 11:08 PM; 10/24/17 due at at 9:37 PM. Bew revealed Resident #7 was lity on 5/27/16 with diagnoses obstructive Pulmonary Mellitus, Hypertension, Bipolar at an explanation, Chronic Kidney Disease ophageal Reflux Disease, order, Atrial Fibrillation, and diovascular Disease. Bew of the Quarterly Minimum and ded 8/13/17 revealed Resident are was alert, oriented, and beds known. Continued review of Resident #7 required and beds known. Continued review of Resident #7 required setup asionally incontinent of bowel; asionally incontinent of bowel;	F3	33		

Event ID: ORE211

PRINTED: 11/08/2017 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	COM	E SURVEY PLETED
		445262	B. WING	21		I	C 26/2017
	PROVIDER OR SUPPLIER	E AND REHABILITATION INC		43	REET ADDRESS, CITY, STATE, ZIP CODE 43 ASHLAND CITY HWY ASHVILLE, TN 37218		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	Continued From particles Review of the Admin medications admin 10/01/17 - 10/25/17 Levemir 25 units two subcutaneous: 10/0 at 2:30 PM; 10/04/17 10:02 AM; 10/04/17 10:04 PM; 10/05/17 11:11 PM; 10/08/17 11:16 PM; 10/13/17 11:06 PM; 10/14/17 11:01 PM; 10/16/17 11:01 PM; 10/16/17 10:58 PM; 10/16/17 10:58 PM; 10/16/17 10:48 AM; 10/23/17 10:48 AM; 10/23/17 10:48 PM; 10/01/17 du 2:30 PM; 10/01/17 du 2:30 PM; 10/03/17 10:28 PM; 10/03/17 10:03 AM; 10/03/17 10:05 PM; 10/03/	inistration History revealed istered to Resident #7 from included: vice daily 1/17 due at 8:00 AM and given at due at 8:00 PM and given at due at 7:30 AM and given at due at 7:30 AM and given at due at 5:30 PM and given at du	F3				
	10:02 AM; 10/04/17 3:15 PM; 10/06/17 11:11 PM; 10/10/17 11:16 PM; 10/11/17 9:35 PM; 10/12/17 9:24 AM; 10/14/17 9:07 AM; 10/14/17 11:01 PM; 10/15/17	due at 7:30 AM and given at 7 due at 11:30 AM and given at due at 5:30 PM and given at 7 due at 5:30 PM and given at 7 due at 5:30 PM and given at due at 7:30 AM and given at due at 7:30 AM and given at due at 5:30 PM and given at 7 due at 11:30 AM and given at 10 due at 7:30 AM and given at 10 due at 7:30 AM and given at 10 due at 7:30 AM and given at 10 due at 5:30 PM					

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: TN1908

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LTIPLE CONSTRUCTION DING	(SURVEY PLETED
		445262	B. WING			10/	26/2017
	PROVIDER OR SUPPLIER	E AND REHABILITATION INC	D. WIIVE	STREET ADDRESS, CITY, STATE, ZIP CO 4343 ASHLAND CITY HWY NASHVILLE, TN 37218	DE	1072	20/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	A CASA DEFENDED TO THE A	SHOULD E		(X5) COMPLETION DATE
F 333	9:10 AM; 10/17/17 3:14 PM; 10/18/17 10:48 AM; 10/18/17 9:36 PM; 10/22/17 9:36 PM; 10/24/17 4:03 PM. Amlodipine 5 mg tw AM and given at 11 PM and given at 11 PM and given at 11 PM and given at 11 AM and given at 11 AM and given at 11 AM and given at 11 PM and given at 11 AM and given at 11 PM and given at 10 PM and given at 10 PM and given at 10 PM and given at 11 AM and given at 11 PM and given at 11 PM and given at 11 AM and given at 11 PM and given at 11 PM and given at 11 AM and given at 11 PM and given at 11 AM and given at 11 AM and given at 11 PM and given at 11 AM and	due at 7:30 AM and given at due at 11:30 AM and given at due at 7:30 AM and given at due at 5:30 PM and given at due at 5:30 PM and given at due at 5:30 PM and given at due at 7:30 AM and given at due at 7:30 AM and given at due at 11:30 AM and given at fixed at 10:00 AM; 10:05/17 due at 9:00 AM; 10:05/17 due at 9:00 AM; 10:06/17 due at 9:00 AM; 10:09/17 due at 9:00 AM; 10:09/17 due at 9:00 AM; 10:01/17 due at 9:00 AM; 10:10/17 due at 9:00 AM; 10:10/17 due at 9:00 AM; 10:16/17 AM;	F3	333			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUL A BUILD		E CONSTRUCTION	COM	E SURVEY PLETED
		445262	B. WING			1	C 26/2017
	PROVIDER OR SUPPLIER	E AND REHABILITATION INC		43	REET ADDRESS, CITY, STATE, ZIP CODE 43 ASHLAND CITY HWY ASHVILLE, TN 37218		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 333	Continued From part 1:14 PM; 10/18/17 10:48 AM; 10/22/1 12:07 PM; 10/23/17 11:00 AM. Metoprolol 25 mg to pressure:10/01/17 0:230 PM; 10/02/17 11:44 AM; 10/02/17 11:32 AM; 10/05/17 11:32 AM; 10/05/17 11:33 PM; 10/06/17 11:11 PM; 10/07/17 10:49 AM; 10/08/17 11:06 PM; 10/09/17 11:24 AM; 10/10/17 11:16 PM; 10/12/17 11:01 PM; 10/13/17 11:14 PM; 10/15/17 11:01 PM; 10/15/17 11:01 PM; 10/15/17 11:01 PM; 10/15/17 10:58 PM; 10/17/17 10:38 AM; 10/21/17 10:56 PM; 10/22/17 12:07 PM	due at 9:00 AM and given at 7 due at 9:00 AM and given at 7 due at 9:00 AM and given at 7 due at 9:00 AM and given at 8:00 AM and given at 8:00 AM and given at 9:00 AM and given at 9:00 PM and given		3333			
	due at 12:00 PM and due at 6:00 PM and due at 12:00 AM and due at 12:00 PM and due at 6:00 AM and due at 6:00 PM and due at 6:0	uffs every 6 hours: 10/01/17 and given at 2:30 PM; 10/02/17 If given at 10:28 PM; 10/03/17 and given at 4:16 AM; 10/03/17 and given at 8:03 AM; 10/04/17 and given at 3:14 PM; 10/05/17 and given at 11:33 PM; 10/06/17 and given at 11:11 PM; 10/09/17 and given at 1:44 AM; 10/09/17 and given at 7:36 AM; 10/09/17 and given at 7:38 AM; 10/10/17 and given at 7:38 AM; 10/10/17					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONSTRUCTION ING		COMPLETED		
		445262	B, WING				26/201 7
	PROVIDER OR SUPPLIER	E AND REHABILITATION INC		STREET ADDRESS, CITY, 3 4343 ASHLAND CITY HV NASHVILLE, TN 3721	WY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC' CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD CED TO THE APPROPI EFICIENCY)	BE .	(X5) COMPLETION DATE
F 333	due at 6:00 PM and due at 12:00 AM ardue at 6:00 PM and due at 6:00 PM and due at 6:00 PM and due at 12:00 AM ardue at 6:00 PM and due at 12:00 AM ardue at 6:00 AM and due at 6:00 AM and due at 6:00 AM and due at 12:00 PM and due at 6:00 PM and due at 6:00 AM and due at 6:00 PM and due at 12:00 PM and due at 12:00 AM ardue at 12:00 AM and due at 12:00 AM ardue at 12:00	I given at 8:30 PM; 10/11/17 Id given at 4:53 AM; 10/11/17 I given at 9:35 PM; 10/12/17 Id given at 4:16 AM; 10/14/17 I given at 11:01 PM; 10/15/17 I given at 8:37 PM; 10/17/17 I given at 3:14 PM; 10/18/17 I given at 3:36 AM; 10/18/17 I given at 7:34 AM; 10/18/17 I given at 8:38 PM; 10/21/17 I given at 8:38 PM; 10/21/17 I given at 8:01 AM; 10/22/17 I given at 1:50 PM; 10/22/17 I given at 9:36 PM; 10/22/17 I given at 4:03 PM; 10/24/17 I given at 4:03 PM; 10/25/17 I given at 2:33 PM ew revealed Resident #8 was lity on 7/18/14 and readmitted agnoses including Chronic hary Disease, Congestive experience Respiratory Failure, Diabetes ion, Schizoaffective Disorder, Cardiovascular Disease. ew of the Quarterly MDS eed Resident #8 scored 15 on g she was alert, oriented, and eeds known. Inistration History revealed stered to Resident #8 from	F3	33			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION		COMPLETED	
		445262	B. WING	·		10/26/2017
	PROVIDER OR SUPPLIER RLAND HEALTH CARI	E AND REHABILITATION INC		STREET ADDRESS, CITY, STATE, ZIP 4343 ASHLAND CITY HWY NASHVILLE, TN 37218	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ARAGA REFERENCED TO TH	N SHOULD B E APPROPRI	
F 333	due at 9:00 PM and due at 9:00 PM and given 0:00	I given at 11:07 PM; 10/16/17 I given at 11:02 PM. Pery bedtime: 10/05/17 due at at 12:53 AM; 10/12/17 due at at 12:53 AM; 10/14/17 due at at 11:47 PM; 10/03/17 due at at 11:47 PM; 10/03/17 due at at 11:41 AM; 10/04/17 due at at 11:49 AM; 10/05 17 due at at 11:47 PM; 10/12/17 due at at 11:47 PM; 10/12/17 due at at 11:33 AM; 10/23/17 due at at 11:25 PM. Points three times daily; 10/01/17 d given at 5:40 PM; 10/01/17 given at 5:40 PM; 10/01/17 given at 10:16 PM; 10/04/17 given at 11:19 AM; 10/04/17 given at 10:58 AM; 10/05/17 given at 10:58 AM; 10/05/17 given at 10:51 AM; 10/10/17 due at at 9:39 PM; 10/13/17 due at at 7:41 PM; 10/13/17 due at at 10:16 AM; 10/15/17 due at at 11:02 PM; 10/17/17 due at at 2:55 PM; 10/19/17 due at at 2:46 PM; 10/22/17 due at at 10:03 PM; 10/23/17 due at at 10:03 PM; 10/23/17 due at at 10:03 PM; 10/23/17 due at	F3	33		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	COM	COMPLETED	
		445262	B. WING			26/2017
	PROVIDER OR SUPPLIER	E AND REHABILITATION INC		STREET ADDRESS, CITY, STATE, ZIP COI 4343 ASHLAND CITY HWY NASHVILLE, TN 37218		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		HOULD BE	(X5) COMPLETION DATE
F 333	antihypertensives, a cardiac medications During interview wit Director of Nursing	antiseizure medication, and	F3	33		